

FILED FEB 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

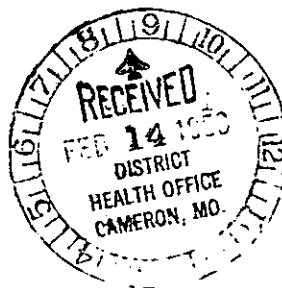
State File No.

5439

BIRTH NO.		REG. DIST. NO. <u>210</u>		PRIMARY REG. DIST. NO. <u>4322</u>		Registrar's No. <u>5</u>	
1. PLACE OF DEATH a. COUNTY <u>Mercer</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Princeton</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Clay Twp.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lambert Hospital Princeton</u>				d. STREET ADDRESS (If rural, give location) <u>8 Miles North of Cainsville</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Wesley</u> b. (Middle) <u>Elsworth</u> c. (Last) <u>Booth</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>January 30 1950</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>January 9 1877</u>	
9. AGE (In years last birthday) <u>73</u>		10. UNDER 1 YEAR Months Days		11. UNDER 14 HRS. Hours Min.		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY			
11. BIRTHPLACE (State or foreign country) <u>Harrison Co., Missouri</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Washington Booth</u>				13b. MOTHER'S MAIDEN NAME <u>Jannie Hart</u>		14. NAME OF HUSBAND OR WIFE <u>Bertha May Booth</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Tony C. Booth, Blythedale, Missouri.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary edema</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> ANTECEDENT CAUSES Ascribed conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u> <u>5 years</u> DUE TO (c) <u>Generalized Arteriosclerosis</u> <u>5 years</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Nephrosclerosis</u> <u>4 years</u>			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Nov 12, 1948</u> to <u>Jan 30, 1950</u> , that I last saw the deceased alive on <u>Jan. 30, 1950</u> , and that death occurred at <u>11:45 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Margaret Lambert M. D.</u>				23b. ADDRESS <u>Princeton, Missouri.</u>		23c. DATE SIGNED <u>1/31/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 1, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Akron Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Clay Twp., Harrison Co., Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2-7-50</u>		REGISTRAR'S SIGNATURE <u>M. J. Ruth</u> <u>393</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Cainsville, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Eddie J. Stoklasa

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Licensed Embalmer No. 3602

P. O. Address. Gainsville, Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

. If this body is not embalmed, fact should be so stated above.